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STREET ACCRESS, CITY, STATE, ZIP COPE NO C C SUMMARY STATEMENT OF DEFICIENCY PREJIX PREJIX REQUISION OF LOS DEMINING INFORMATION) INITIAL COMMENTS A licensure survey was conducted an March 27, 2007. Three males with varying degrees of cleanbilities reside in the inclint. Two of the four residents were randomly selected for the sample. The findings of the survey were based on observations at the group home. Intorviews with staff, and the review of rebords including incident reports. I D01 3502.19 MEAL SERVICE / DINING AREAS This Statute is not met as evidenced by: Based on observation, and staff interview, the facility falled to onsure procedures were provided for cleaning the GMMRP is kitchen stove hood. Tha finding includes: Observation of the GHMRP's kitchen stove on March 27, 2007 revented is large amout of grease encrusted under its hood. At the fine of the survey, there was no documented evidences of procedures to clean any equipment used in the preparation and serving of foods. The Interior and exterior of each GHMRP shall be maintrained in a serie, clean, orderly, stractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable codors.	STATEME AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(1) PROVIDER/SUPPLIE IDENTIFICATION NUI HFD12-0002	R/CLIA MPER:	(XZ) MU A. BUILL B. WING		D(A) DATE COMF	SURVEY PLETED
DOUBLET STATE OF THE STATE OF CONTROL OF CON	NAME OF	PROVIDER OR SUPPLIER	111012-0002	STREET	DORESS CIT	Y STATE ZIR CODE	03	/27/2007
TAG REGULATORY OR LEG IDENTRYMS INFORMATION) 1000 INITIAL COMMENTS A licensure survey was conducted on March 27, 2007. Three males with varying degrees of disabilities reside in the facility. Two of the four residents were randomly selected for the sample. The findings of the survey were based on observations at the grouph forme, interviews with staff, and the review of rebords including incident reports. 1001 S502.19 MEAL SERVICE!/ DINING AREAS Each GHMRP shall have effective procedures for cleaning all equipment and work areas used in the preparation and serving of foods. This Statute is not met as evidenced by Based on observation, and staff interview, the facility falled to ensure procedures were provided for cleaning fine GHMRP's kitchen stove hood. Tha finding includes: Observation of the GHMRP's kitchen stove on March 27, 2007 revealed a large amout of grease engrusted under its hood. At the time of the survey, there was no documented evidences of procedures to clean any equipment used in the preparation and serving of foods. 1090 The interior and exterior of each GHMRP shall be maintained in a safe, cicelin, orderly, attractive, and sentiary manner and be free of securulations of dirt, rubbish, and objectionable odors.	NGC	_		B809 9T	H ST. NW			
A licensure survey was conducted on March 27, 2007. Three males with varying degrees of disabilities reside in the facility. Two of the four residents were randomly selected for the sample. The findings of the survey were based on observations at the group home, interviews with staff, and the review of rebords including incident reports. 1091 3602.19 MEAL SERVICE/ DINING AREAS Each GHMRP shall have effective procedures for cleaning all equipment and serving of foods. This Statute is not met as evidenced by: Based on observation, and staff interview, the facility failed to ensure procedures were provided for cleaning the GHMRP's kitchen stove hood. Tha finding includes: Observation of the GHMRP's kitchen stove on March 27, 2007 revealed a large amout of grease encrusted under its hood. At the time of the survey, there was no doctimented evidence of procedures to clean any equipment used in the preparation and serving of foods. 1090 3504.1 HOUSEKEEPING The Interior and exterior of each GHMRP shall be maintained in a eafe, clean, orderly, stitractive, and sanitary manner and po free of accumulations of dirt, rubbish, and objectionable odors.	PRÉFIX	I (EACH DEFICIENCY MU	IST BE PRECEDED BY D	=i it e	PRÉFIX	CROSS-REFERENCED TO TH	IN SHOULD BE E APPROPRIATE	COMPL DATE
	1 090 350 The mail and acc	A licensure survey was 2007. Three males wit disabilities reside in the residents were random. The findings of the survey observations at the ground staff, and the review of reports. 3502.19 MEAL SERVIC Each GHMRP shall have cleaning all equipment at the preparation and servey or cleaning all equipment at the preparation and servey or cleaning the GHMRP shall have been supported in the GHMRP or cleaning the GHMRP or cleaning includes: bservation of the GHMR arch 27, 2007 revealed incrusted under its hood incrusted	h varying degrees feellity. Two of the state of the sey were based on up home, interview records including in the sey were based on up home, interview records including in the series of feed of foods. The effective procedured work areas used in the series were procedures were procedured evidences at large amout of grant the time of the imented evidence quipment used in the foods. The each GHMRP shape of the procedure, attractive effective of the procedure, attractive effective effective and the series of the procedure of the proced	of e four sample, as with neident soulded had in the half be all be in the half b	l 061	for the cleaning of the var in the house Staff will be in this area.	od daily	5/15/0
TORY DIRECTORS OF PROVIDERISHIPPI IED DEDDECEMENT TO THE DEDDECEMENT T	ロイイ		IED DEBDETTE TO			O TITLE	(XE)	DATE

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Health	Regulation Administr	etlori				FORM APPR
STATEMEN AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. 9010 B. WIN	03) DATE SURVEY COMPLETED		
NAME OF	PROVIDER OR SUPPLIER	1 11		TADDDERD CO	YY, STATE, ZIP CODE	03/27/2007
NCC			6809 9 WASH	9th St, NW UNGTON, DO		
(X4).ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE	TEMENT OF MUST BEEN C IDENTIFY	DEFICIENCIES PRECEDED BY FULL YING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE APP	MILL DE
1 206 360 Each cent pent would dutie	Continued From page This Statute is not in Based on observation ensure that the carpe during the environment The findings include: The findings include: The GHMRF maintenance of the factor of the solled. The carpet through bserved to be solled. The storm door lead the stairs leading from assement, was soiled of the storm door lead then area was obse m of the door in place The hood of the GH DB 8 PERSONNEL P the employee, prior to humity thereafter, shall diffication that a health formed and that the cold allow him or her to estatute is not met a ded on interview and in IRP failed to ensure the ded ovidence of a side of the cold and the cold a	net as every the control of the cont	dMRP failed to aintained clean ection. ection on March ection. ection on March ensure the avironment as fally, the carpet on r, and fo the ned with white been bleach. Ide from the a nall holding the tove was rusty. The physician's sy has been e's health status in the required ced by:	1090	1. Carpet will be cleaned. 2. Storm door heading enteries will be repaired and or replaced. 3. Stove hood will replaced.	5/15/0
1 2-1-10	ded evidence of a pl	ysician '	s certification	-		

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Heal	ith Regulation Administr	etion			•	PRINTED: 04/09 FORM APPR
STATE AND PI	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDENSU IDENTIFICATIO	N NUMBER:	T T	MULTIPLE CONSTRUCTION ILDING	O(3) DATE SURVEY COMPLETED
NAME (OF PROVIDER OR SUPPLIER	H#D12-000			03/27/2007	
исс	;		6809 9'	TH ST, NW NGTON. DO	TY, STATE, ZIP CODE	 .
(X4) II PREFI TAG	X (BACH DEFICIENCY	MUST BE PRECEDED	YCIES D BY FULL PRIMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CON (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	PHOUSE A.C.
1 228	that documented a in performed and that it would allow him or it duties. The finding includes: Interview and review March 27, 2007 reveit to ensure that current file for six consultants. 3510.5(f) STAFF TRAES and training program limited to, the following (f) Specialty areas related to be served to, behavior managem recreation, total committed on staff interview GHMRP failed to ensure that and continuing traes management and continuing trae	nealth inventory in the employee's er to perform the er to perform the er to perform the eld that the GHI health certificate including, but no ent, sexuality, nu unicetions, and a exceptions, and a er to employee each employee light that enable	records on VIRP falled es were on the limited limited limited estimated esti	1229	NCC has obtained the 6 h contificates for the staff. Attachments 2-8.	ealth
R re tr	The finding includes: Review of the training re- evealed there was no draining on human sexual 610.5(h) STAFF TRAIN ach training program sholted to the following	ocumented evide ally and nutrition	ence of	231	NCC will conduct training for both human sexuality and nutrition.	5/30/07
lirr	alted to, the following:	include, put f	OLDE			-7

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IDEN		VIDER/SUPPLIER/CLIA TIFICATION NUMBER: : : : D12-0002		A. BUILI	(XZ) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIER		7	STREET	ADDRESS CO	Y, STATE, ZIP CODE	03/	27/2007
NCC				6809 97	TH ST, NW NGTON, DC			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE	'MUST BEI	FIDEFICIENCIES PRECEDED BY F YING INFORMAT	-1 <i>ii</i> 1	ID PREFIX TAG	PROVIDERS PLAN OF C (EACH CURRED TIVE AUTIO CROSS-REFERENCED TO TH DEFICIENCY)	nn should be E appropriate	OCIMPA DAT
I 401 3 P P at descent The GF rese	Continued From pay (h) Orientation programs, practices well as a review of a and agreements important of the care with mental retardation Columbia; and This Statute is not measured to ensorientated. The finding includes: Review of the personne evealed the GHMRP evidence of orientation faff. 520.3 PROFESSION ROVISIONS refessional services; and evaluation, including evelopmental levels a evides, and services attendration or further is ident. Is Statute is not met sed on staff interview. Its Statute is not met sed on staff interview.	rems for rem	ny, organization, organization of the Gi-line in the operation of the District of District	on, MRP as atlons of the score	1 401	Orientation was completed for the two new staff. So Attachment 9 & 10.	ed	

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NCC SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC DENTIFYING INFORMATION) (X4) ID PREFIX PROVIDERS PLAN OF CORRECTION (COOM CONTRACTION ACTION SECTION OF CRUSS REFERENCES TO THE APPROPRIATE PREFIX TAG TAG 1401 Continued From page | 1401 1401 Interview with the nurse and review of the medical record on March 21, 2007 at approximately 3:40 PM revealed that Resident #2 had been scheduled for a dental appointment on Facility will ensure that dental consults are 5/15/07 completed as ordered by the dentist and there will be accurate documentation. At March 19, 2007. Further review of the record revealed there was no documented evidence that appointments will be communicated to the House Manager in a fingly materia. Client's appointment has been rescheduled for the resident had been seen on the 5/19/07 (tag 1401) aforementioned date. An interview was conducted on March 27, 2007 at 3:42 PM with the House Manager (HM).

According to the HM the GHMRP's nurse usually informs him of each of the esident's appointment. At the time of the survey, the the HM Indicated that he was not aware of the scheduled dental appointment. The GHMRP falled to provide Residenti#2 with dental care.